



Reporting Period:  
Calendar Year 2003

## Profile of Mental Health and Substance Abuse Services in Medicaid Managed Care

The Department of Health and Family Services works closely with participating health maintenance organizations (HMOs) to assure that necessary services are provided to enrollees. Monitoring the level of services delivered by each HMO provides the Division of Health Care Financing with an estimate of enrollee access to needed services, and provides the HMOs with information that permits targeting of resources to reach population(s) that may not have optimal service utilization. This health profile is one component of the overall monitoring system.

National statistics indicate that about one in five Americans, including adults, adolescents and children, experiences a mental disorder in the course of a year.<sup>1</sup> Approximately 15% of adults who have a mental disorder also experience a co-occurring substance (alcohol or other drug) use disorder.<sup>2</sup> The Department of Health and Family Services estimates that approximately 5.7% of the non-institutionalized adult population in Wisconsin have a severe mental illness.<sup>3</sup> In Wisconsin, there are approximately 62,000 children between the ages of 9 and 15 with severe emotional disturbances.<sup>4</sup>

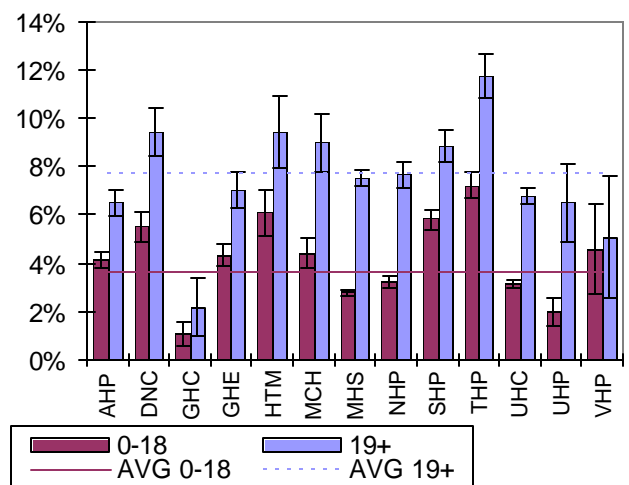
The information in this health profile was calculated using Medicaid Encounter Data Driven Improvement Core Measure Set (MEDDIC-MS)<sup>5</sup> performance measures. Additional mental health (MH) and substance abuse (SA) services may be provided informally in community settings (such as self-help groups and charity-based programs) without an encounter record being generated. For this reason, the following charts may under-represent the actual care provided to Medicaid managed care enrollees.

In the charts that follow, the 13 participating Medicaid HMOs are represented by a three letter abbreviation as noted in the key on page 2.

### Evaluations

It is essential that enrollees with MH and/or SA diagnoses are able to access care. Providing enrollees with MH/SA evaluation services is key to appropriate diagnosis, access to treatment and ongoing care management. As a percent of all enrollees (not just those with MH/SA diagnoses), 3.7% of children (0-18) (a statistically significant increase from 3.1% in CY 2002) and 7.8% of adults (19+) (a statistically significant increase from 6.7% in CY 2002) received MH/SA evaluations during CY 2003. HMO-specific rates for both age-groups are displayed in Chart 1.

**Chart 1: Percent of Enrollees with MH/SA Evaluations (CY 2003)**



DEPARTMENT OF  
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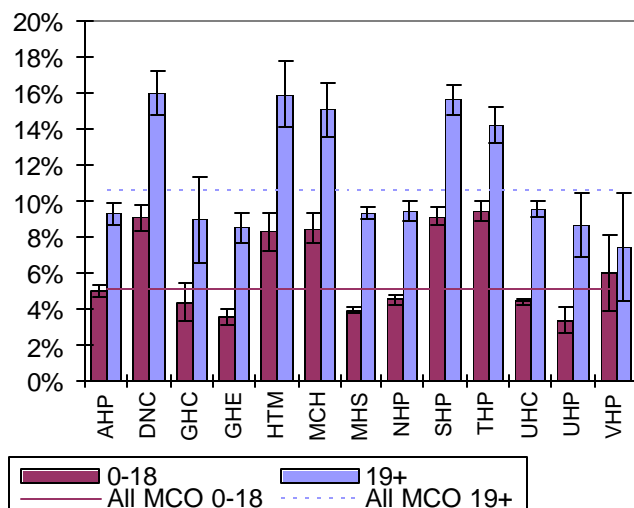
Published June 2005

<sup>1,2</sup> U.S. Department of Health and Human Services. *Mental Health: A Report of the Surgeon General-Executive Summary*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.

<sup>3,4</sup> Onsager, Y., Stoller, J. and Carabell, R. *Services for Persons with Mental Illness*. Wisconsin Legislative Fiscal Bureau, Informational Paper 50, January 2003.

<sup>5</sup> The MEDDIC-MS measure specifications are available from the Division's Bureau of Managed Health Care Programs.

**Chart 2: Percent of Enrollees with MH Outpatient Treatment by MH Professionals (CY 2003)**



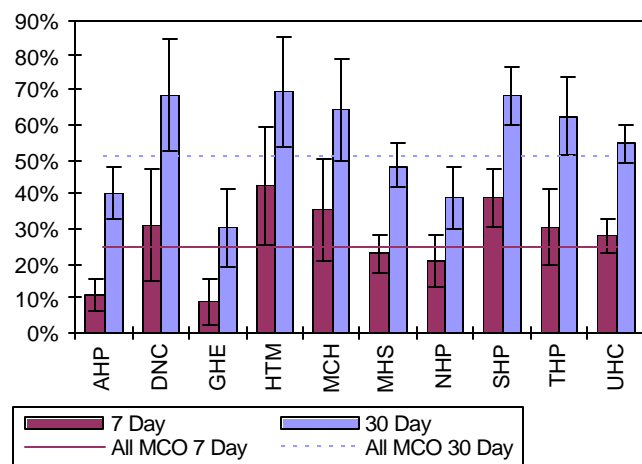
## Day/Outpatient Treatment

Most care for MH and SA conditions is provided on an outpatient basis, making access to MH/SA providers in the outpatient setting important in managed care service delivery.

Chart 2 shows the rate at which HMO enrollees receive outpatient MH services from MH professionals. (The chart does not include services provided by primary care providers.) The rate of managed care outpatient follow-up by MH professionals for adults (ages 19+) is higher than the rate for children (ages 0-18); 10.6% vs. 5.2%, respectively. This may be due to a variety of reasons. For example, some types of mental illness are more likely to emerge in adulthood. Also, the 0-18 age group includes many very young children; it is common for very young children to be treated by their primary care physicians (PCPs). Nationwide it is estimated that more than one-third of all mental health visits by children were made to a PCP rather than a specialist.<sup>6</sup>

Overall, 0.5% of enrollees aged 19+ received SA services from SA professionals in CY 2003. A lower percent, 0.05%, of children aged 0-18 received SA services from SA professionals in CY 2003. The lower rate of service delivery in the 0-18 age group is likely due to the low prevalence of SA in young children, although according to Healthy People 2010, consistently over the past decade 20% of children 12-17 have reported using alcohol or drugs in the past 30 days.<sup>7</sup>

**Chart 3: Percent of Enrollees with 7 and 30 Day MH/SA Follow-up by MH Professionals (CY 2003)**



## 7 and 30 Day MH/SA Follow-up

Research has shown that outpatient follow-up care for individuals who have had an inpatient hospital stay for a MH/SA condition is effective in reducing readmission to the inpatient setting for the same diagnosis.<sup>7</sup> 1,235 Medicaid managed care enrollees were hospitalized for a MH/SA-related condition in CY 2003.

Chart 3 shows the CY 2003 HMO-specific rate of follow-up care with a MH/SA professional within 7 and 30 days of an inpatient discharge. (The chart does not include services provided by primary care providers.) Twenty-five percent of enrollees with a MH/SA inpatient discharge received follow-up outpatient care within 7 days of their discharge. Fifty-one percent received follow-up outpatient care within 30 days (a statistically significant increase from 42.8% in CY 2002). The results from 3 HMOs are not displayed as they reported less than 30 inpatient discharges for MH/SA during CY 2003.

## HMO Abbreviations and Names

AHP—Atrium Health Plan

DNC—Dean Health Plan

GHC—Group Health South Central

GHE—Group Health Eau Claire

HTM—Health Tradition Health Plan

MCH—MercyCare Insurance

MHS—Managed Health Services

NHP—Network Health Plan

SHP—Security Health Plan

THP—Touchpoint Health Plan

UHC—UnitedHealthcare

UHP—Unity Health Insurance

VHP—Valley Health Plan

<sup>6</sup> Children's Mental Health: An Overview and Key Considerations for Health System Stakeholders. Issue Paper, NIHCM Foundation, February 2005.

<sup>7</sup> Healthy People 2010. Volume 1, Second Edition.

<sup>8</sup> Outpatient Utilization Patterns and Quality Outcomes after First Acute Episode of Mental Health Hospitalization. Evaluation and the Health Professions, Special Edition, State Medical Quality Programs. Delmarva Foundation, December 2000.